

**STATE OF LOUISIANA**  
**PARISH OF**  
**SECURITY EXEMPTION AFFIDAVIT**

NOTE: LRS 32:361.1 provides that the legal limits for a sun screening device (window tint) on passenger car are light transmissions of 40% for the front side windows, 25% for the rear side windows and 12% for the rear windshield.

BEFORE ME, the undersigned Notary, personally came and appeared:

\_\_\_\_\_  
NAME & DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

Declaring that he/she is the registered owner of the following described vehicle registered in the State of Louisiana.

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NO.	LICENSE PLATE
_____	_____	_____	_____	_____

Affiant further declares that, pursuant to L.R.S. 32:361.3, valid security reasons (indicated below) exist which make it necessary to safely equip the above-described vehicle with sun-screening material which would be of a light transmission or luminous reflectance in violation of L.R.S. 32:361.1 and the affiant further declares that he has not been convicted of a drug offense or a violent crime and authorizes the Department of Public Safety, Office of State Police to perform a criminal history inquiry.

<u>REASON FOR SECURITY EXEMPTION / ATTACH SUPPORTING DOCUMENTATION</u>
_____
_____
_____

I certify and attest under penalty of law, the information provided herein is true and accurate.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC AND SEAL

\_\_\_\_\_  
DATE

**THIS SECURITY EXEMPTION IS NON-TRANSFERABLE AND EXPIRES THREE (3) YEARS FROM DATE OF ISSUANCE. THE ORIGINAL AFFIDAVIT MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AND SHALL BE VOID IF THE REASON FOR THE EXEMPTION CHANGES OR NO LONGER EXISTS OR THE AFFIDAVIT IS ALTERED, FORGED OR FALSIFIED.**

**BELOW THIS LINE FOR STATE POLICE USE ONLY**

<b>NOT VALID UNLESS AUTHORIZED BY LOUISIANA STATE POLICE</b>			
<input type="checkbox"/> Approved & Authorized	<input type="checkbox"/> Disapproved		
_____ For the Deputy Secretary, Public Safety Services	_____ Data Number	_____ Date	_____ TESS-MVI Section